



## Application for Continuing Education Provider

Business & Professions Code § 1645, Title 16 CCR §§ 1016-1017

**Non-Refundable Fee: \$250 (Must accompany application)**

For Office use only	
Receipt _____	RC _____
Date filed _____	\$ _____
Approved _____	Denied _____
RP# _____	

\_\_\_\_\_  
 Name of provider organization

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Street address of provider organization

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 Mailing address of Provider Organization

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 Name of contact person of provider organization

\_\_\_\_\_  
 Telephone Number

Provider organization is a/an

- ☐ Individual  
☐ Partnership  
☐ Corporation  
☐ Government Agency

- ☐ Dental Society  
☐ Dental Specialty Group  
☐ Health Facility  
☐ Educational Institute

\_\_\_\_\_  
 Fax Number

FEIN or SSN # \_\_\_\_\_

Corporate Number \_\_\_\_\_

Describe the goals/objectives of the CE program, and include any outlines, summaries, or brochures pertaining to the course (s). Pursuant to proposed regulations, mandatory CE courses must be approved in advance.

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## Courses of Study

Will each course of study be conducted on the same educational standards of scholarship & teaching as that required of a true university discipline, and be supported by those facilities and educational resources necessary, and comply with this requirement?

☐ Yes ☐ No

Will each course of study offered clearly state educational objectives that can be realistically accomplished within the framework of that course?

☐ Yes ☐ No

Describe anticipated teaching methods for courses of study for continuing education:

Lecture	_____	Audiovisual	_____
Seminar	_____	Simulation	_____
Clinical	_____		

Interactive live-time (computers, telephone or video conferencing, or other electronic mediums) \_\_\_\_\_

Non-interactive home study (computers, tape recorded and correspondence courses) \_\_\_\_\_

Other (describe) \_\_\_\_\_

Will participants completing courses of study for credit be asked to provide a written evaluation of the quality of the course?

☐ Yes ☐ No

Will all courses offered be a means of an orderly learning experience in the area of dental and medical health, preventive dental services, diagnosis and treatment planning, clinical procedures, basic health sciences, dental practice administration, or the Dental Practice Act and other laws specifically related to dental practice which is designed to directly enhance the licensee's knowledge, skill or competence in the provision of service to patients or the community?

☐ Yes ☐ No

Will courses of study offered for continuing education credit be available to all dental and dental auxiliary licensees?

☐ Yes ☐ No

## Instructors

Will each instructor have education and experience within the last five years in the subject being taught?

☐ Yes ☐ No

## Records

Will the provider furnish written certification to each licensee that the licensee has met the attendance requirement of the course?

☐ Yes ☐ No

Describe how "Certificates of Completion" will be distributed to licensees.

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Is provider aware of the record keeping requirements in the event the Board conducts an audit of those courses offered for continuing education credit?

☐ Yes ☐ No

Is provider aware of biennial report due at the time of provider renewal which includes a list of all courses offered for credit, names and qualifications of each instructor, and a summary of the content of each course of study?

☐ Yes ☐ No

### Acknowledgement

Has provider reviewed Business & Professions Code § 1645 and California Code of Regulations §§ 1016 and 1017?

☐ Yes ☐ No

Does provider agree to abide by the requirements set forth in Business & Professions Code § 1645 and California Code of Regulations §§ 1016 and 1017? Does provider acknowledge that failure to do so may result in loss of provider status?

☐ Yes ☐ No

### Certification

*I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct, and that all courses offered for continuing education credit will meet the requirements set forth by the Board.*

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Signature of provider administrator

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Date

### INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by Section 30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. Section 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination Board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.